



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED
 By Carol Day at 3:46 pm, May 11, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

INSTRUMENT SERIAL NUMBER 80-005841	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 05/01/2015	TIME OF INSPECTION 16:36
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 05514080A1	STANDARD EXPIRATION DATE 04/01/2016
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	16:38	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Cal Check	0.081	16:38	CALIBRATION CHECK RESULT 1 0.081		
Air Blank	0.000	16:39	CALIBRATION CHECK RESULT 2 0.081		
Cal Check	0.081	16:39	CALIBRATION CHECK RESULT 3 0.081		
Air Blank	0.000	16:39	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Cal Check	0.081	16:40	SPREAD (MUST BE .005 OR LESS) 0.000		
Air Blank	0.000	16:40	Pass		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----	-----	-----
EEPROM Checksum Test	Pass		Air Blank	0.000	16:41
Real Time Clock Test	Pass		Subject Test	RFI*	16:41
DSP Test	Pass		Air Blank	RFI*	16:41
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass				
Temperature Regulation Test	Pass				
Pass			Pass		

NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT					
REFUSALS	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19
0	0	0	0	1	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

TESTED AND CERTIFIED WITHIN THE GUIDELINES OF THE MO DOHSS

INSPECTING OFFICER			
SIGNATURE <i>P.O. [Signature] 5462</i>		PRINT NAME BUTKOVICH	
TYPE II PERMIT NUMBER 240270	EXPIRATION DATE 06/12/2016	TELEPHONE NUMBER 8162345000	



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

THOMAS F BUTKOVICH

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/12/2014 _____
 NUMBER 240270 _____
 EXPIRES 6/12/2016 _____
 NO 606-9271 (6-10)

 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paul Vorkley
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LMS-4 (06-10)



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7 Eargan Dr. • P.O. Box 790 • Jacksonville, IL 62151-0790
 217-245-2183 • Fax: 217-245-3754 • www.lmoproducts.com

Certificate of Analysis

Certificate ID: 6358
 Part #: BACT05L080T
 Cylinder Size: 105L
 Lot Number: 05514080A1
 Expiration: 4/1/2016

0.080 BAC (For the calibration of instruments used to determine breath alcohol concentration)

Contents: 105 Liters @ 1000 psig 70°F (21°C)

Component	Concentration:	Accuracy:	Method:
Ethanol	288 ppm	±0.002 or 2% BAC whichever is greater	NDIR
Nitrogen	Balance		

*NIST Standard Reference Material
 Cylinder No. CCI4290 / Job No. 09160202
 Certified 212g pure Ethanol in Nitrogen
 for LMO Products Co., Jacksonville, IL

Store in dry area, away from sources of heat, ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

Distributed by: *Paul Vorkley*
 Specialty Gas Lab Tech

Date: 03/24/14

CMI Inc.
 316 East Ninth Street
 Owensboro, KY 42303
 Phone 866-835-0690
 www.alcoholtest.com

